

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2							52	
3							53	
4							54	
5							55	
6							56	
7	/						57	
8							58	
9	/						59	
10							60	
11							61	
12							62	
13							63	
14							64	
15	/						65	
16							66	
17							67	
18							68	
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31							81	
32							82	
33							83	
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35							85	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	16						TOTAL DEP.	
TOTAL CLAIMS	20						TOTAL CLAIMS	